

# WHITE OAK CONFERENCE CENTER

633 Mobley Hwy

Winnsboro, SC 29180

Phone: (803) 635-4685

Fax: (803) 635-4453

## PROJECT VOLUNTEER APPLICATION

Church or Organization Name: \_\_\_\_\_

Pastor's Name (If applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about the White Oak Volunteer Ministry? \_\_\_\_\_

Dates available to volunteer at White Oak: \_\_\_\_\_

Number of participants? \_\_\_\_\_

Will housing accommodations be required?

Housing # \_\_\_\_\_ and/or RV Site(s) \_\_\_\_\_

Please attach RV information (attach appropriate information for multiple)

Please highlight any professional work experience or expertise provided in your group.

Volunteers serving White Oak Conference Center are required to be covered by medical insurance.

Please indicate if your church or organization will be providing insurance for the group.

\_\_Y \_\_N

Will the participants of the group be responsible for providing individual insurance coverage?

\_\_Y \_\_N

Physical restrictions of individuals in group.(if any): \_\_\_\_\_

Please attach completed Background Investigation Authority Form and \$6.00 processing fee before submitting. Applications should be submitted 2 weeks prior to date of service.

**Accommodation arrangements will be made in accordance with the information that you provide and availability. You will be contacted by White Oak in regards to availability of service opportunities and lodging.**

**I understand that volunteers receive no pay and are not covered by workers compensation insurance. All work is to be considered a donation to White Oak and provides for no future privileges in the use of the facility.**

By my signature below, I affirm the information provided in the questionnaire is true and complete. I understand that any false information or omissions shall be cause for reconsideration. I also agree to abide by all White Oak policies and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**You will be contacted by a White Oak representative to confirm date and project details.**



BACKGROUND INVESTIGATION AUTHORITY

I hereby authorize South Carolina Baptist Convention or its agent, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages resulting from his/her furnishing said information.

Additionally, I hereby authorize any investigation of my personal history, including, but not limited to a credit history, driving history, educational background, military record, criminal records and I also authorize previous employers, and any references provided by me or ascertained by investigation, to release information about my performance, integrity, general character, and any other job specific information requested. I authorize the release of this information by the appropriate agencies to the investigating service. I understand this may include a workers compensation claims search after a conditional job offer has been made. I also understand I may be required to take a drug test before or during employment.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Names or SSN Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*DOB is optional and is only used for identification purposes in screening inquiries

LIST ALL ADDRESSES FOR PAST 7 YEARS: (check here if more on reverse or resume attached)

Street Address City State Zip DATES: \_\_\_\_ - \_\_\_\_ from to

Street Address City State Zip DATES: \_\_\_\_ - \_\_\_\_ from to

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre-trial intervention programs. If YES show details including date, charge, county, disposition on reverse.

Signature: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are a resident of California, Minnesota, New York, Oklahoma or Washington, you may request a copy of any "consumer report" obtained by us by indicating below:

YES - please provide report copy in accordance with applicable law- (please initial)

For South Carolina Baptist Convention Office Use ONLY

Please log in to www.singlesourceservices.com to enter subject for screening(s).

SingleSource Services 1-800-713-3412

- Extensive Employee Screening Extensive Volunteer Screening
Basic Employee Screening Basic Volunteer Screening